

**LLANFYLLIN
RURAL DISTRICT COUNCIL.**



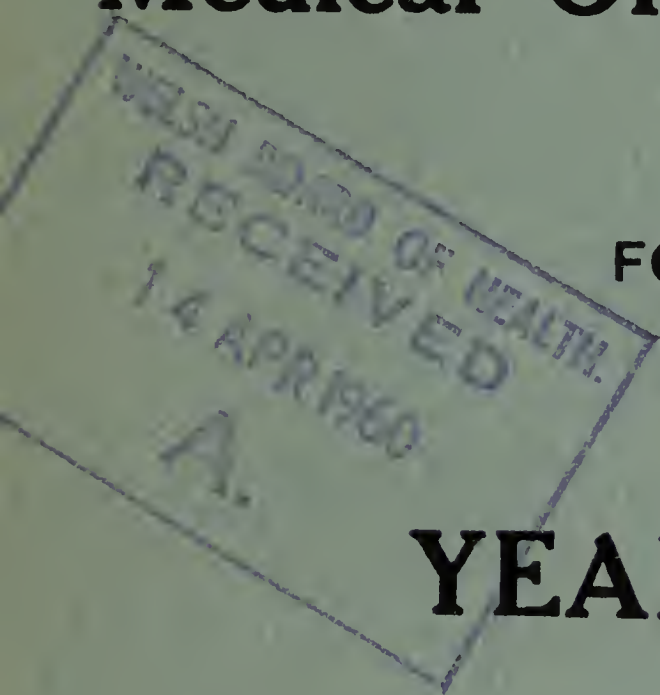
ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1958.



1958

Chairman: Mr. D. E. Roberts, J.P.

Parish :	Members :
Carreghofa	R. W. Lewis
Guilsfield (Without)	J. T. Jones, J.P., J. T. Thomas, Ll. Stafford Jones
Garthbeibio	Richard Lewis
Hirnant	D. E. Roberts, J.P.
Llandrinio	E. Pickstock
Llandysilio	F. R. Thomas
Llanerfyl	E. H. Mills
Llanfair Caereinion	<u>J. E. Moon,</u> J. E. Hughes, I. R. Roberts
Llanfechain	Rev. D. J. C. Jones
Llanfihangel	J. F. Jones
Llangadfan	Mrs. G. M. Humphreys
Llangyniew	T. P. Hughes
Llangynog	Trevor Jones
Llanrhaeadr (Mont.)	Simeon Jones
Llansantffraid (Pool)	T. M. Edwards
Llansantffraid (Deytheur)	Glyn Owen
Llanwddyn	T. O. Rickett
Meifod	R. N. Jones, E. E. Chapman
Pennant	G. J. Owen, J.P.

Clerk: Glyn Jones

*CHAIRMAN OF HEALTH AND GENERAL PURPOSES
COMMITTEE :*

F. R. THOMAS

MEDICAL OFFICER OF HEALTH :

I. B. MILLAR, M.D., B.Ch., B.A.O., D.P.H.

SURVEYOR AND CHIEF PUBLIC HEALTH INSPECTOR :

LL. O. EVANS, Cert. S.I.B., Cert. R.S.I. (Meat and other Foods)

ADDITIONAL PUBLIC HEALTH INSPECTORS :

GEORGE E. WOODS, Cert. S.I.B., Cert. R.S.I.

(Meat and other Foods)

D. J. A. HUMPHREYS, Cert. S.I.B., Cert. R.S.I.

(Meat and other Foods)

*To the Chairman and Members of the Llanfyllin Rural
District Council.*

Mr. Chairman and Councillors,

It gives me much pleasure to submit my Annual Report for the year 1958. It follows the scheme and deals with the subjects required by the Ministry of Health.

The statistics bear a favourable comparison with the national rates except for the rather high perinatal mortality. As in recent years this rate has persisted stubbornly in the thirties and forties. It is, of course, a national problem but it is capable of solution because remarkably low rates have been recorded in some areas. From the material available it is hard to assess the proportion of our perinatal deaths which could have been avoided. Certainly the proportion occurring out of hospitals (less than 25%) would not appear to contain any of the avoidable deaths. Again, we must regrettably record a continuance of the depopulation tendency and again we can see no remedy except to halt it artificially as suggested in last year's report.

The section of this report dealing with the sanitary circumstances of the area contains for the first time a reference to the amounts of naturally-occurring chemical substances known as "fluorides" in the drinking waters of the District. All the sources tested for this element to date have contained hardly any of these substances the active ingredient of which is the teeth-protecting element fluorine. When this fact is viewed in the light of the known high rate of dental ill-health in the district, it is obvious that a state exists which will shortly call for some action on the part of those responsible for water supplies. The problem is not peculiar to this area and is as widespread as the large geographical tracts devoid of fluorine or seriously deficient in it. In Llanfyllin R.D., however, it is aggravated by several factors such as the difficulty in obtaining dental staff and the indifference of parents. A school dental officer, who relinquished his appointment in Montgomeryshire last year gave his opinion about it. He said that the problem was not so much the lack of a clinic, the increased consumption of sweets or the deplorable lack of oral hygiene, but the sheer indifference on the part of the parents. The percentage of children referred for treatment is high but the number accepting it tends to be low and of these, the number carrying the treatment through to its logical conclusion is lamentably small.

With adverse factors such as these at work, especially the lack of a dental officer in 1958, it is clear that some action of a more comprehensive nature should be contemplated. In a study of the natural order of things one finds an answer awaiting man's exploitation. Indeed, 33 million people in 1,600 American communities were already last year drinking water to which fluorides had been added and were thus reaping the benefits of such exploitation. In communities whose drinking water contains the right amount of fluorides, the average number of diseased, missing or filled teeth per 12-14-year-old child may be 2 instead of 8 elsewhere. The general health statistics of such communities are similar to those having no fluorides except for this striking difference in dental health. When it is realised that 80-90% of the population in fluoride-free areas suffer from dental caries, the possibilities of improvement are enormous and it is hard to envisage a better way of effecting this improvement than by emulating the exemplary pattern already known to exist in nature. This can be achieved by a simple adjustment of the amount of fluorides in the drinking water so as to resemble those areas where a sufficiency of fluorine already exists. In fact, nature can be improved upon in the sense that it can be given a finer edge because adjustment can be so accurate as to give adequate protection levels without approaching the higher levels found in some natural water supplies.

It is true that you will be handing over the responsibility for water supplies to a County Water Board in the near future so that the pertinence of these remarks might seem to be diminished, but your representatives on the Board may well be able to pursue this idea and at least they may be able to ensure that a place is secured for it when new projects are being developed in the districts. A more general sanction may be given by the Ministry in due course for the installation of fluoridation equipment in all water supplies that need it.

During the early part of the year lung cancer came under the spotlight following the highly significant statistical findings relating this disease to cigarette smoking. Reports from the Tobacco Manufacturers' Standing Committee and the National Society of Non-Smokers were received about the same time as the more conservative advice from the Minister of Health was issued to Local Authorities. It fell to my lot to prepare a statement and to deliberate upon it at one of the committee meetings of the Llanfyllin R.D. Council. If the criterion for the success of this little talk could have been measured in terms of the smoke pollution or even of the visibility inside the Council chamber, then it was a very successful exposition indeed, because, by the end of the talk.

there was to be seen no curl of smoke spelling either the word "cancer" or any other word throughout the room. In fact, smoking had ceased altogether. Alas, the effect was short-lived and the habit, broken for so short a time, gradually returned in arithmetical progression as item succeeded item on the agenda. The death rate from lung cancer remained the same in 1958 as described in my annual report for 1956 which included the general survey on cancer in the district for the years 1946-55. The Medical Officer of Health for Salop in his annual report for 1958 describes the help received from the Marie Curie Cancer Fund and, in applying this help in Shropshire he came across young middle-aged men dying within a few months of taking this disease. Multiplied throughout the country this produces the alarming national statistics which are calling for action. Evidence is accumulating that a smoker's chance of contracting lung cancer will return to that of a non-smoker a short time after he stops smoking, perhaps only about a year, after he gives it up. Logically, of course, an attempt must be made to discourage children from starting it. Hitherto efforts in this direction have been of a general nature and they have been aimed at the teenager-school-leaver groups but opinion is now tending towards the idea that these efforts should be directed at the younger children before the desires and fashions of adolescents have had a chance to affect them. The results of this benign indoctrination might then be as certainly successful as any other form of habit training.

The local health services under Part III of the National Health Service Act continued to operate satisfactorily during the year. The new clinic in Llanfyllin Borough also serves much of the Rural District. With the exception of the dental rooms, which remained unused during the year, child health clinics, vaccination sessions, meetings and discussion groups were held in this clinic with much success. The reason for the paradoxical situation whereby new dental accommodation should be provided only to remain silent and unused was the lack of dental staff already mentioned. Immunisation sessions here and in other clinics throughout the Rural District were arranged in connection with the protection of vulnerable groups of the population against such diseases as diphtheria, whooping cough and poliomyelitis. I have pleasure in reporting that the B.C.G. vaccination scheme was initiated in the area during the year and was well received. The Bacilli Calmette-Guérin make an effective vaccine and the responses of those vaccinated with it were entirely satisfactory. Although Montgomeryshire has shared in the general decline of tuberculosis mortality, this decline has not been as distinct in regard to the notification of new cases. For example, since 1939

the decline of mortality has been of the order of 90% in Montgomeryshire but new cases have decreased by 60% in the non-pulmonary type and by only 38% in the pulmonary type. The County Medical Officer in his 1958 Annual Report has observed that the reduction in the number of non-pulmonary tuberculosis cases is probably due largely to the improvement of milk production particularly in regard to "Tuberculin Tested" and "Pasteurised" milks. With B.C.G. vaccine now in use as a new weapon in this area it is reasonable to hope that this differential against the reduction in number of pulmonary cases will be abolished or even reversed. In my opinion this might happen sooner if vaccination were to be used more extensively than at present.

It remains for me to express my sincere thanks to you, Mr. Chairman, and fellow members of the Council for your friendly support at all times. and I am also glad to acknowledge and record my thanks to the Chief Public Health Inspector for his assistance in the preparation of this report, as in other matters throughout the year, and to the Clerk of the Council and the other members of staff for their unfailing co-operation.

I am,

Yours faithfully,

I. B. MILLAR,

Medical Officer of Health.

SECTION "A"

GENERAL STATISTICS OF THE AREA

Area of the District—163,477 Acres.

Registrar-General's estimate of the mid-1958 resident
Population—9,730.

Number of Inhabited Houses according to Rate Books
—3,203.

Rateable Value—£83,293.

Sum represented by a Penny Rate—£335.

VITAL STATISTICS

POPULATION.

This continues to decline and the mid-1958 population of 9,730 was 60 fewer than that for mid-1957.

Live Births

Legitimate	Male	66
	Female	79
Illegitimate	Male	2
	Female	3
Total		150

Illegitimacy Rate: 3·3 per cent of all live births.

Note: 105 of these births (47 male, 58 female) took place outside the Llanfyllin R.D., an increase of 8 for such births since last year.

The 45 domiciliary births (21 male, 24 female) occurred in Registration Districts as follows:—

	Male	Female	Total
Llanfair Caereinion	9	10	19
Llanrhaeadr	3	2	5
Llansantffraid	9	12	21
Total		24	45

Note: One of these domiciliary births (a female in Llanfair Caereinion) was recorded as illegitimate.

Crude Birth Rate: 15·4 per 1,000 population.
 Crude Birth Rate in Montgomeryshire in 1958: 16·0 per 1,000 population.
 Crude Birth Rate in Wales in 1958: 16·2 per 1,000 population.
Llanfyllin R.D. Birth Rate (corrected for age and sex distribution):
 18·0 per 1,000 population.
 England and Wales Birth Rate in 1958: 16·4 (provisional).

Still Births

Legitimate	Male	3
	Female	1
Illegitimate		Nil
Total		<hr/> 4

Stillbirth Rate. 26 per 1,000 live and stillbirths.
 Montgomeryshire Stillbirth Rate in 1958: 20·4.
 Wales Stillbirth Rate in 1958: 26·3.
 England and Wales Stillbirth Rate in 1958: 21·6 (provisional).
 Total Live and Still Births: 154.

Infant Mortality

(a) Neonatal Deaths:

Legitimate	Male	4
	Female	1
Illegitimate		Nil
Total		<hr/> 5

Neonatal Mortality: 33·3 per 1,000 live births.
 England and Wales Neonatal Mortality in 1958: 16·2 (provisional).

(b) Postnatal Deaths: Nil.

Postnatal Mortality: Nil.
 England and Wales Postnatal Mortality in 1958: 6·4 (provisional).

(c) Total Infant Deaths:

Legitimate	Male	4
	Female	1
Illegitimate		Nil
Total		<hr/> 5

Total Infant Mortality: 33·3 per 1,000 live births.

Total Infant Mortality (Legitimate Births): 34·5 per 1,000 live births.

Total Infant Mortality (Illegitimate Births): Nil.

Montgomeryshire Infant Mortality Rate in 1958: 25.

Wales Infant Mortality Rate in 1958: 26·6.

England and Wales Infant Mortality Rate in 1958: 22·6 (provisional).

(d) **Perinatal Mortality:** 58·4 per 1,000 total births.

England and Wales P.M.R., 1958: 35·1 (provisional).

As was the case last year, all of the infant deaths in 1958 occurred within the perinatal period. The perinatal mortality was caused as follows:—

	Male	Female	Cause
(a) Infant Deaths	—	1*	Prematurity and atelectasis.
	3	—	Prematurity.
	1	—	Prematurity with congenital deformities.
(b) Still Births	2 (1*)	—	No cause found.
	1	—	Prematurity and toxæmia.
	—	1	Ante-partum hæmorrhage.

* Domiciliary births.

It will be seen that prematurity was a prevailing cause in at least two-thirds of the cases, which is in accord with the generally expected proportion.

Maternal Deaths and Maternal Mortality: Nil.

Deaths

All causes	Male	64
	Female	44
	Total	108

Crude Death Rate: 11·1 per 1,000 population.

Montgomeryshire Crude Death Rate, 1958: 12·59 per 1,000 population.

Wales Death Rate, 1958: 12·5 per 1,000 population.

Death Rate in Llanfyllin R.D. after correction for age and sex distribution: 10·65 per 1,000 population.

England and Wales Death Rate, 1958: 11·7 (provisional).

DEATHS BY AGE, CAUSE AND SEX

Cause	Sex	under 1 year	Age Groups										Total	
			1-10	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	100+	M	F
Malignant neoplasm stomach	M							2					4	
	F							2						1
Malignant neoplasm lungs	M							1					1	
Malignant neoplasm larynx	F					1								1
Malignant neoplasm ovary	F				1		1							2
Malignant neoplasm prostate	M									1			1	
Malignant neoplasm bladder	M					1							1	
Malignant neoplasm rectum	M								1				1	
Malignant neoplasm colon	M								1	1			2	
	F								1					1
Malignant neoplasm gall bladder	M									1			1	
Malignant neoplasm liver	F							1						1
Malignant neoplasm pancreas	M							1					1	
	M								1				1	
Other Malig.	M					1	1						2	
	F								1					1
Leukaemia	M	1											1	
Vascular lesions of nervous system	M							4*	1	2			7	
	F						1	3	2	2				8
Coronary disease and angina	M					3		1	5*				9	
	F								1		1			2
Hypertension with heart disease	F								1	1				2
Other heart	M					1		3	4	5			13	
disease	F								4*	1				5
Other circulatory disease	M							1	2*				3	
	F									1				1
Pneumonia	F								2	1		1		4
orchitis	F								1					1
Ulcer of stomach etc.	M						1*		1				2	
Nephritis and nephrosis	F			1										1
Hyperplasia of prostate	M									1			1	
Other defined and ill-defined	M	4							1	5	2		12	
diseases	F	1					1	1	3	4	1			11
Motor vehicle accidents	M			1									1	
All other	M						1*						1	
accidents	F					1*		1*						2
Totals	M	4	1	1		1	8	13	19	15	2		64	
	F	1		1	1	2	3	7	16	10	2	1		44
Grand Totals		5	1	2	1	3	11	20	35	25	4	1	108	

*denotes multiple causes as follows :

Vascular lesions of the nervous system :—

One of these deaths was also associated with coronary thrombosis and diabetes.

Coronary disease :—

One of these deaths was also associated with hyperplasia of prostate.

Other heart disease :—

one of these deaths was associated with bronchiectasis and another with diabetes.

Other circulatory disease :—

These deaths were associated with pernicious anaemia.

Ulcer of Stomach etc. :

This death was also associated with with bronchiectasis.

Other Accidents :—

In order of ascending age these deaths were caused by an insect sting a tractor accident and inhalation of fumes.

Average age at death excluding deaths under 10 years—72.1 years

Male 71.75 years. Female 72.5 years

Average age at death due to cancer—65.3 years

Male 68.5 years. Female 59 years

Average age at death due to coronary heart disease—71.6 years

Male 68.5 years. Female 86.5 years

Average age at death due to accidents—48.5 years

Male 38.5 years. Female 58.5 years

Average age at death (excluding cancer, coronary disease and accidents

—75.7 years

Male 76 years. Female 75.5 years

COMPARATIVE STATISTICS

Year	Population (Mid-year Estimate)	Birth Rate (Crude)		Death Rate (Crude)		Stillbirth Rate		Perinatal Mortality Rate		Infant Mortality Rate	
1926-30										58.2	67.9
1931-35	11726	16.8	15.0	13.86	12.0	54.24	40.96			66.2	61.9
(Average)	(1931 Census)										
1936	11130	14.1	14.8	13.1	12.1	45.7	39.7	80.0	60.8	53.8	58.7
1937	10990	13.7	14.9	14.6	12.4	74.1	39.0	98.8	60.2	46.6	57.7
1938	10830	15.1	15.1	12.7	11.6	29.7	38.3	59.5	58.6	49.1	52.8
1939	10790	16.4	15.0	14.7	12.1	53.2	38.1	64.8	58.5	89.4	50.6
1940	10930	11.8	14.6	16.7	14.3	85.1	37.2	113.4	57.7	54.3	56.8
1941	11460	14.3	14.2	15.1	12.9	52.3	34.8	92.5	54.7	61.9	60.0
1942		15.3	15.8	15.1	11.6	39.0	33.2	50.0	52.1	46.2	50.6
1943		17.1	16.5	11.9	12.1	31.6	30.1	47.4	47.9	32.6	49.1
1944	10470	17.3	17.6	14.1	11.6	37.4	27.6	63.8	44.5	44.2	45.4
1945	10420	18.52	16.1	13.5	11.4	35.0	27.6	60.0	45.2	41.5	46.0
1936-45	10877	15.4	15.5	14.1	12.2	48.3	34.6	73.0	54.0	51.9	52.8
(Average)											
1946	10490	15.3	19.1	13.1	11.5	24.4	27.2	36.6	44.3	37.5	42.9
1947	10360	17.7	20.5	13.6	12.0	31.6	24.1	47.4	40.2	32.6	41.4
1948	10344	18.0	17.9	13.8	10.8	5.3	23.2	37.4	38.5	37.6	33.9
1949	10380	17.6	16.7	13.0	11.7	5.4	22.7	43.4	38.0	54.6	32.4
1950	10350	15.2	15.8	12.7	11.6	48.5	22.6	66.6	37.7	44.6	29.6
1951	10150	15.5	15.5	14.1	12.5	—	23.0	25.5	38.1	38.2	29.7
	10307										
	(1951 Census)										
1952	9987	16.0	15.3	13.2	11.3	18.4	22.7	43.0	37.5	43.8	27.6
1953	9923	17.0	15.5	11.8	11.4	5.9	22.4	29.4	37.0	29.6	26.8
1954	9940	17.5	15.2	10.4	11.3	5.7	23.5	34.3	38.1	40.2	25.4
1955	9910	15.4	15.0	11.4	11.7	19.2	23.2	38.5	37.6	26.1	24.9
1946-55	10183	16.5	16.6	12.7	11.6	16.4	23.5	40.9	38.6	38.5	31.5
(Average)											
1956	9870	14.2	15.6	11.5	11.7	20.1	23.0	35.0	36.8	28.6	23.8
1957	9790	14.2	16.1	12.9	11.5	28.0	22.5	35.0	36.2	7.2	23.1
1958	9730	15.4	16.4	11.1	11.7	26.0	21.6	58.4	35.1	33.3	22.6

Note : The Perinatal Mortality Rates prior to 1946 are approximate and are probably minimal

The second set of figures refers to England and Wales.

SECTION "C"

Sanitary Circumstances of the Area.

Water Supplies.

(i) Quality.

To report upon the quality of the water supplies in this district it is necessary to distinguish between public supplies and supplies drawn from privately owned sources.

(a) Public Supplies operated by the Council.

The results of samples of water taken from the various public supplies and examined bacteriologically during 1955, 1956, 1957 and 1958 are given below. On the whole, the quality of the various piped supplies operated by the Council is good and in considering the following table it should be borne in mind that more attention is given to those supplies which occasionally give unsatisfactory results than to those which consistently give good results.

Results of Bacteriological Examination of Water Samples from Works Operated by the Council.

Untreated Supplies					
	Highly Satis.	Satisfactory	Suspicious	Unsatis.	Total
1955	62	10	1	14	87
1956	98	4	8	12	122
1957	65	20	7	17	109
1958	53	13	9	22	97

Treated Supplies.					
	Highly Satis.	Satisfactory	Suspicious	Unsatis.	Total
1955	68	1	0	5	74
1956	61	1	1	2	65
1957	63	1	—	2	66
1958	56	3	1	4	64

In addition to the 161 samples examined bacteriologically during the year, 20 samples were submitted to the Public Analyst for chemical analysis, all of which were found satisfactory. The fluoride content of many of these waters, in fact all that were tested for it, was very low. Raw Lake Vyrnwy water only had 0.07 parts fluorine per million.

(b) Private Supplies

Requests are frequently received for samples of privately owned supplies (mostly shallow wells) to be examined. It has not always been possible to comply with the requests received but nevertheless, in response to such requests, and in other cases where the Public Health Inspectors considered it advisable to do so, a total of 56 samples of private water were bacteriologically examined during the year and gave the following results:—

Number of samples found highly satisfactory ...	13
" " satisfactory ...	3
" " suspicious ...	5
" " unsatisfactory ...	35
	<hr/>
	56

These results are the best indication available of the quality of the private supplies in the district. Many of the samples have been taken before protective works had been carried out at the various sources, in preparation for a grant-aided farm water scheme or the erection of a new house. The number of samples taken from private supplies shows a considerable increase over the corresponding figures for previous years.

(ii) Quantity.

The adequacy of the supplies varies considerably between one parish and another, and in no parish is a piped supply of water available to every house. Indeed, the distribution of the houses and, in some cases, their elevation, makes it unlikely that they can be supplied from public mains in the foreseeable future. I give below a brief description of the circumstances in various localities at the end of 1958.

...

(a) Parish of Llanfair Caereinion

This parish has the highest population of any in the rural district and contains more houses supplied by water from the public mains than any other parish. Nevertheless, less than half of the houses in the parish are within reach of water mains. Since 1954, water has been extracted from the River Banwy and an ample supply of wholesome water is assured. The problem which remains however, is one of distribution, and I am glad to note that extensions of the distribution system are imminent.

(b) Parish of Llanfechain.

A scheme of supply for the village of Llanfechain came into operation during 1953. The source is a well in valley gravel from which, after chlorination, water is pumped to a service reservoir. There is no doubt that the works have greatly improved living conditions in the village and have made possible the erection of a fair sized housing estate and school. A number of agricultural properties are supplied and while the amount of water available is comparatively small, it is unlikely that there will be any shortage of supplies for many years within the area of the distribution system.

**(c) Parishes of Llandrinio, Llandysilio, Llansantffraid,
Deytheur and Llansantffraid Pool.**

These parishes are supplied from a spring at Winllan, Llansantffraid, augmented by pumping water from a well at Parson's Bridge in the Parish of Llandysilio. This source is referred to in by predecessor's report for the year 1954, which expresses the belief that the yield of the Parson's Bridge well will be sufficient to meet the demands of the area for many years. Unfortunately, later experience has shown that the well cannot be relied upon during periods of drought and, while no rationing of the supply has been necessary up to the end of the year under review, it is now evident that a new source is necessary to meet the requirements of these parishes in the immediate future. I am glad to know that arrangements are being made to acquire an additional supply and that the actual work of construction is likely to commence in the near future.

(d) Parish of Carreghofa

Part of this Parish is supplied with water by Oswestry R.D.C. but the distribution system is inadequate and new works of water supply are urgently needed to meet the needs of the parish as a whole, including two housing estates owned by the Council. The additional source referred to at (c) above will meet the demands of this parish.

(e) Parishes of Garthbeibio and Llangadfan.

These parishes contain the villages of Foel and Llangadfan, both of which are supplied from a source at the Foel. Further development of these villages cannot take place without endangering the adequacy of the supply.

(f) Parish of Llanfihangel.

The hamlet of Llanfihangel is a comparatively small one of less than a dozen houses. It has no public piped supply and most of the houses are dependent upon a privately owned supply which is inadequate for the needs of the hamlet. Better provision for the hamlet is needed, but owing to the elevation of the locality, I understand that it is difficult to provide it with a supply of water at reasonable expense, but I am glad to know that a scheme for supplying the village has been approved in principle following the inquiry held in January.

(g) Parish of Meifod.

The village of Meifod is adequately supplied and the distribution system was extended in 1954.

The village of Pontrobert has for many years been in need of a public piped supply to replace the public and private shallow wells upon which the villages have had to depend. During 1957 an extension of the Llanfair distribution system was carried out which fully meets the requirements of the village and the many properties within reach of the main from Llanfair to Pontrobert.

A satisfactory supply to the village of Bwlchycibau was made available in 1957.

(h) Parish of Pennant.

In my report for 1956 I referred to the possibility of augmenting the supply to the village of Penybontfawr by drawing on the Liverpool Corporation aqueduct which passes close to the village. I am glad to know that the Council have entered into an agreement with Liverpool Corporation which will safeguard the supply to the village.

(i) Generally.

Much of the district remains without a public piped supply of water and because of the sparsely populated nature of the area it will no doubt require very considerable expenditure to provide a comprehensive distribution system throughout the district. Nevertheless, steady progress is being made towards this goal and when the works now in an advanced stage of planning are in operation the district will have made substantial progress towards a comprehensive piped supply.

(iii) Plumbo-Solvent Action.

I would not expect any of the piped supplies controlled by the Council to have a marked aggressive action on metals. In two cases, the water is passed through a contact chamber of limestone chippings to counteract any acidity in the water, and the pH value of the water extracted from the River Banwy at Llanfair is also adjusted.

(iv) **Action in respect of Contamination.**

No specific action was taken in respect of any form of contamination other than proper supervision of the various sources and the routine chlorination of supplies where necessary.

(v) **Dwelling Houses supplied from Public Mains.**

The following table gives the number of dwelling houses and the estimated population supplied from public water mains directly into the houses or by means of standpipes.

Parish.	Supply laid on to dwellings or curtilage.		Supply by Standpipe.	
	Number of Dwellings	Approx. Population	Number of Dwellings	Approx. Population
Works controlled by Council				
Meifod	87	262	35	105
Llanerfyl	27	81	14	41
Llansantffraid Pool ...	140	430	17	53
Pennant	42	126	13	45
Llangynog	37	111	48	144
Llangadfan	28	69	15	36
Llanfair Caereinion ...	202	606	34	102
Llanfihangel including				
Dolanog Village ...	16	48	—	—
Garthbeibio	2	6	1	3
Llangyniew	5	15	—	—
Hirnant	—	—	—	—
Llandysilio	68	233	—	—
Llandrinio	69	240	—	—
Llanfechain	79	256	—	—
Llansantffraid Deytheur	30	99	—	—
Guilsfield (Without)	18	54	—	—
Llanrhaeadr	68	204	4	12
Total	918	2840	181	541

Works not controlled by Council					
Llanfihangel ...	...	3	9	—	—
Llanwddyn ...	...	102	306	—	—
Carreghofa ...	...	47	141	2	7
Hirnant ...	...	2	8	—	—
Llangynog ...	...	4	12	—	—
Llanrhaeadr ...	...	2	9	—	—
Total ...	...	160	485	2	7
Grand Total ...	...	1078	3325	183	548

Note: The percentage of the population served by public mains in 1958 was 0·8% greater than in 1957. Nevertheless, it is still only 39·5%.

Drainage and Sewerage

The need for sewerage the various villages in the district has been pointed out in previous Annual Reports of the Council's Medical Officer. It is pleasing to be able to report some progress.

Three villages have been sewerage during the past few years.

The first was Llanrhaeadr (completed 1954), the second was Llansantffraid (completed in 1955) and the third, Llanfair Caereinion, was completed in 1956. These works have greatly improved the sanitary condition of the villages and have made possible improvements to many houses in the villages, which had previously been without bathrooms and drainage systems.

Sewerage schemes are urgently required in several other villages, and I am glad to know that the Council are endeavouring to meet the need. Work of the sewerage of Penybontfawr was nearing completion by the end of the year under review and work at Llangynog was about to commence.

Closet Accommodation

In this district closet accommodation does not vary substantially from one year to another, except when new village sewerage schemes are brought into operation. Conversions from pail closets and privies to water closets also take place when houses are improved by means of grant-aided work under the Housing Acts and the Hill Farming and Livestock Rearing Acts and a small number of premises are improved without the aid of a grant.

During the past few years, the number of pail closets and privies converted into water closets under the above scheme is as follows:—

Year	Village Sewerage Schemes	Housing Act Improvement Grants	A.E.C. Grants and others	Total per year
1954	31	5	7	43
1955	73	5	12	90
1956	97	22	17	136
1957	—	22	16	38
1958	—	19	13	32
	201	73	65	339

On the basis of a survey carried out in six parishes, I estimate the number of pail closets and privies in the district to be 2,354.

Public Cleansing

There has been little change in arrangements for house refuse collection during the year. Most of the villages and hamlets in the district are now scavenged by the Council either through their own contractors or by arrangements with an adjoining Authority.

Although the present arrangements are fairly comprehensive in that they cater for most groups of houses, there still remains a comparatively large number of houses so situated that it is almost impossible to extend the service to them. The cost of scavenging during the financial year ended March, 1958 was £2,275. It remains a matter for the Council to consider whether an increased expenditure can be justified and some of the more remotely situated houses included in the service.

During the year under review the tipping space at Llanfair Caereinion tip rapidly filled up and it was necessary to consider a further extension of the tip. The owner of the adjoining field readily agreed to such extension and plans were prepared for this work to be carried out when necessary.

Rodent Control

The following is a summary of rodent control work during the year:—

Type of Premises	No. of Treatments
Dwelling Houses	32
Business Premises	13
Agricultural Premises	12
Refuse Tips	2

The total number of visits made during the year was 484.

During the year the Public Health Inspectors carried out the following inspections:—

Public Health	94
Water Supplies	166
Drainage	222
Complaints	20
Factories	23
Infectious Disease	62
Housing Inspections	61
Rural Housing Survey	70
Refuse Collection and Disposal	100
Food and Drugs	65

As a result of the above inspections the following notices were served, with the result indicated.

	Informal	Statutory	Complied with
Public Health Act, 1936 ...	19	—	15
Housing Act, 1957 ...	—	—	—
Factories Act, 1937 ...	—	—	—
Food and Drugs Act, 1955 ...	2	—	2
Water Act, 1945 ...	1	2	2
Prevention of Damage by Pest Act, 1949	1	—	1

Shops and Offices

It was not necessary to take any action during the year.

Camping Sites

Neuadd Bridge, Llanfair Caereinion.

Much work has been carried out at this site regarding drainage, water supply, cleanliness of site and fire precautions. Further drainage work was required at the end of the year, and when such work is complete, the Council will be in a position to grant a licence under the Public Health Act, 1936.

Bryn Tanat, Llansantffraid.

During the year an inquiry was received regarding the setting up of a caravan site at the above address. The occupier's attention was drawn to the necessity of obtaining a license and to the matters requiring attention. At the end of the year negotiations with the owner were proceeding.

Swimming Baths and Pools

There are no swimming baths or pools in the district.

Eradication of Bed Bugs.

No action was necessary during the year.

Housing

No. of Official Representations made to the Council	6
No. of Undertakings received from owners not to use the premises for human habitation	11
No. of premises actually closed	4
No. of premises demolished	2
No. of Houses constructed in the area:	
(a) Council Houses	Nil
(b) Private Houses	6
No. of Houses improved by means of Improvement Grants under the Housing Acts	15
Total amount of money paid in respect of the above Improvement Grants	£5404

SECTION "D"

Factories Acts 1937 and 1948.

Part I of the Act.

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupier prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	7	7		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	35	16		
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...				
TOTAL	42	23		

The inspections recorded above disclosed no defects in respect of which action should be taken by the Council's staff.

Outworkers.

There are no outworkers in the district and therefore no statistics relating to Part VIII of the Act are included in this report.

SECTION "E"

Food.

- (1) There are in the district the following numbers of premises where food is prepared, sold or stored:—

Bakehouses	7
Butchers' Shops	10
Fried Fish and Chip Shops	2
General Provision Stores	52
Greengrocers' Shops	1
Cafes	5
Licensed Premises	29
Ice Cream Manufactory	1
Cheese Manufactory	1
Confectioner's Shop	3

(2). Section 16 of the Food and Drugs Act, 1955, requires the registration of all premises used for the manufacture or sale of ice cream or the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale. The following number of premises are so registered:—

For the manufacture of ice cream	1
For the sale of ice cream	34
For the manufacture of sausages	3

There are no dairies registered by this Council under the Milk and Dairies Regulations, 1949. One producer of T.T. milk within the district holds a Dealer's Licence and five dealers with premises outside the district hold supplementary licences from the Council authorising them to sell T.T. and Pasteurised Milk within the district.

(3). The number of inspections of registered food premises during the year was 18, and in addition 47 inspections were made of non-registered premises. In general the inspections disclosed satisfactory conditions.

(4). Educational activity in relation to food hygiene was confined to advice and discussion during routine inspection of food premises.

(5). Two slaughterhouses are licensed and meat inspection was carried out at these premises during the year.

(6). All meat found to be unfit for human consumption is dyed green. It remains in the possession of the owner and after boiling, is used for animal feeding.

(7). Ice Cream is manufactured at one factory only and, having regard to the Ice Cream (Heat Treatment, etc.) Regulations, 1947—52, I consider that the processes are carried out satisfactorily.

(8). Structural alterations were carried out at five premises in order to comply with the Food Hygiene Regulations, 1955-56, and methods of food handling were improved in several premises as a result of informal action.

The table below gives details of carcasses inspected and condemned in whole or in part, during the year.

Carcasses Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	392	—	12	1465	426
Number inspected	392	—	12	1465	426
ALL DISEASES EXCEPT TUBERCULOSIS					
Whole carcasses condemned	—	—	1	8	3
Carcasses of which some part or organ were condemned	98	—	—	30	9
% of the number inspected affected with disease other than tuberculosis	25%	—	8.33%	2.6%	2.8%
TUBERCULOSIS ONLY					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ were condemned	—	—	—	—	51
% of the number inspected affected with tuberculosis	—	—	—	—	11.9%
CYSTCERCOSIS					
Carcasses of which some part or organ was condemned	2	—	—	—	—
Carcasses submitted to treatment by refrigeration	2	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Condemnations.

8 bovine heads.	3 pig carcasses.
4 bovine lungs.	2 parts forequarter pig.
32 bovine livers.	1 pig pluck
48 parts bovine livers.	5 pig livers.
2 bovine thin skirts.	1 pig stomach and intestines.
2 bovine hearts.	13 pig heads.
1 bovine spleen.	35 sow heads.
8 sheep carcasses.	4 sow livers.
3 parts forequarter sheep.	3 sow lungs.
3 parts hindquarter sheep.	1 sow udder.
24 sheep livers.	1 carcase calf.
1 sheep pluck.	

Total weight of meat condemned: 1 ton 6 cwts. 55 lbs.

Food Poisoning

During the month of August a sharp outbreak of food poisoning occurred in a Scout camp at Llwydiarth. Eight youths were involved between the ages of 12 and 21, seven of them being sufficiently serious in the circumstances to be sent to hospital.

After considerable detailed investigation, it was found that a piece of boiled bacon which had been prepared several days before the commencement of the camp, was the offending item in the camp diet. In the absence of refrigeration this food had accumulated an uneven bacterial contamination of sufficient intensity to affect those eating the contaminated portions. At least two of the campers, including the Scoutmaster, had partaken of this food with complete impunity. The total number of campers was twenty-three and all came from Wolverhampton. The poisoning was caused by an organism which was isolated from the bacon and from the four cases who had been sent to Copthorne Hospital.

Dysentery

In June a child and an adult were notified as cases of dysentery which was then becoming fairly widespread in the Oswestry area. The cases were investigated in detail with the help of the Public Health laboratory. A third unnotified case was brought to our attention by the laboratory at Shrewsbury. As this was a food handler the measures which we took to deal with it included voluntary exclusion from work for a short period. Unfortunately, the husband of this case, also a food handler, became a temporary carrier and he also had to be excluded from work for a short period.

Tuberculosis

All four cases were dealt with by the appropriate specialists. One of the female pulmonary cases was a milk-tester at Aberystwyth and her sister was a cook in a primary school in this district. Arrangements were made for the hospital treatment of the case and investigation of the cook and other contacts at the chest clinic. Fortunately it was an isolated case and no other secondary cases were known to arise from it.

There were no deaths. The death rate for all forms of tuberculosis in Montgomeryshire was 67 per million in 1958, as compared with a figure of about 100 per million for England and Wales. The number of new cases occurring in Montgomeryshire during 1958 was 26, which is over three times the expected number if based on statistics for England and Wales. In Llanfyllin R.D. the number of new cases was only twice that occurring in proportion in England

and Wales. This excess of new cases may only be a reflection of insufficient notification elsewhere but the high morbidity rate despite the low mortality rate, wherever it occurs, indicates a considerable reserve of infection still present in the community. B.C.G. vaccination as given to school leavers should therefore result in a gradual lessening in the number of new cases. The Ministry of Health had not extended the scheme to other age groups by the end of 1958. My experience of a complete vaccination scheme in Northern Ireland has left me with the impression that it shared much of the credit for the remarkable fall in mortality and new cases there from one of the highest in the U.K. at the end of the Second World War to the lowest in 1958.

B.C.G. Vaccination

A vaccination scheme, using a British preparation of the famous B.C.G. vaccine, was applied to schoolchildren aged 13-14 years living in Llanfyllin R.D. The response was fairly good. In the two senior schools 52 children were tested and 50 were found to require vaccination, all of whom accepted it.

Poliomyelitis Vaccination

It is always pleasing to be able to record no cases of poliomyelitis and particularly so when a vaccination scheme against it was in full swing. At the end of 1958 the statistics for the county showed that 81% of the children below 15 years had registered for vaccination and of these registered children 37% had had the complete course of inoculations and 61% an uncompleted number, leaving only 2% not yet treated. The response was very poor in other age-groups however, only about 5% having registered. Of these about half had commenced the course of injections.

At the time of writing this report the death of a well known footballer had taken place due to poliomyelitis and, as a consequence of this well-publicised case, requests for vaccination from non-school age groups poured in so that a great improvement is likely to be shown in 1959 in the vaccination rates for these age groups.

SECTION "F"

INFECTIOUS DISEASE CONTROL

There were 58 notifications received during the year, 37 of of them relating to whooping cough and pneumonia. This is very similar to the numbers received in 1957.

The following table summarises the cases:—

Tuberculosis	Male	Female	Total
(a) Pulmonary	1 (aged 60-70 years).	2 (aged 20-30 years).	3
(b) Other forms		1 (aged 40-50 years).	1
Pneumonia	6	7	13
Whooping Cough	9	15	24
Measles	4	2	6
Erysipelas		1 (aged 70-80 years).	1
Dysentery		2	2
Food Poisoning	8		8
	—	—	—
Total	28	30	58

Whooping Cough. A small outbreak of whooping cough occurred at Meifod which was spread over the middle two quarters of the year, and another outbreak affected Llangynog in the last quarter. Apart from these cases there was only one other which occurred at Llandrinio. The average age of the cases was 5·7 years excluding an adult. It is significant that of these 24 cases, 22 were not immunised against the disease. In the case of the other two, the records had been transferred. The ages at which the cases were affected can be tabulated as follows:—

	Males				Females				Totals			
	Quarters			Year	Quarters			Year	Quarters			Year
	II	III	IV		II	III	IV		II	III	IV	
Under 1 year		1		1						1		1
1-2 years	1			1			1	1	1		1	2
2-3 „						1		1		1		1
3-4 „	1	1		2			1	1	1	1	1	3
4-5 „					2		1	3	2		1	3
5-6 „					1			1	1			1
6-7 „					1		2	3	1		2	3
7-8 „	1			1			1	1	1		1	2
8-9 „			1	1	2			2	2		1	3
9-10 „			1	1			1	1			2	2
11-12 „							1	1			1	1
13-14 „			1	1							1	1
40-50 „	1			1					1			1
Totals	4	2	3	9	6	1	8	15	10	3	11	24

Measles. Unlike 1957 there were only six cases in 1958, all of them in the first quarter and therefore probably forming the tail end of the 1957 epidemic. One was near Llanfyllin, one at Meifod, one at Llangyniew and three were at Guilsfield. The ages at which these cases were affected are as follows:—

	Male	Female	Total
1-2 years	1		1
2-3 years	1		1
3-4 years	1		1
4-5 years		1	1
6-7 years		1	1
7-8 years	1		1
Totals	4	2	6

Pneumonia. The thirteen cases were widely distributed throughout the district. Ten localities were affected, Penybont-fawr and Llangyniew in the first quarter, Llangynog and Llanfechain in the second quarter, Brithdir in the third quarter, and Llanerfyl, Llanfair Caereinion, Llanwddyn, Meifod, Dolanog in the fourth quarter. There were two deaths, both females, one aged 75 years and the other a centenarian of 102 years. In the table showing causes of death earlier in this report it will be noted that there were actually four deaths due to pneumonia. These four include the two notified cases, the other two, also females, being terminal pneumonias in the 70-90 age-groups. The distribution of these cases is as follows:—

		Males				Females				Totals				Year
		Quarters				Quarters				Quarters				
		I	II	III	IV	I	II	III	IV	I	II	III	IV	
1-10	years				1	1				1		1		2
20-30	„					1				1				1
30-40	„				1								1	1
40-50	„		1							1				1
50-60	„	1*		1					1	1		1	1	3
70-80	„					1	(1)		1	1	1		1	3
80-90	„				1								1	1
Over 100	years								(1)				1	1
Totals		1	1	1	3	1	3	—	3	2	4	1	6	13

* Influenzal type (probably Asian).
 Note: The bracketed figures were deaths.

